

Substance Abuse Prevention and Control Quarterly Director's Meeting

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

NOVEMBER 15, 2013



Agenda

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- ▶ Welcome and Director's Report
- ▶ Stakeholder Updates:
 - ▶ COMP Activities
 - ▶ Alcohol Justice
 - ▶ LA Regional Reentry Partnership
- ▶ SAPC Program Updates:
 - ▶ Contracts-Team Monitoring
 - ▶ Grants and Planning-RFSQ
 - ▶ Prevention and Youth Treatment-USC Evaluation
 - ▶ HCR-Updates
- ▶ Questions & Comments



Stakeholder Update

COMP ACTIVITIES



Stakeholder Update

ALCOHOL JUSTICE





Coalition to Ban Alcohol Ads on Public Property in Los Angeles

alcoholjustice.org

**ALCOHOL
JUSTICE**
The Industry Watchdog



Alcohol Advertising on Public Transit



An Alcohol Justice Report | October 2013

**ALCOHOL
JUSTICE**
the industry watchdog

**ALCOHOL
JUSTICE**
The Industry Watchdog

1. The report looks at alcohol advertising policies and contracts of 32 metropolitan transit agencies and cities
2. 18 of 32 agencies clearly prohibit alcohol ads, while 9 of the 14 remaining agencies have partial limits on alcohol ads
3. Alcohol ad revenue is less than ten percent of total advertising and one tenth of one percent of total operating revenue for these agencies
4. The report concludes that the strongest approach to achieving the goal of banning alcohol ads lies with changing government policy through new ordinances and laws



Campaign to Ban Alcohol Ads on Public Property in L.A.



October 25, 2013 Press Conference - L.A. City Hall



1. We have been building support for 2 years
2. Institutions such as UCLA, CAMY, RAND Corp., L.A. Dept. of Public Health & Professor Grenard Ph.D. have submitted letters that confirm that alcohol advertising contributes to underage drinking and related problems
3. The motion is pending at the budget and finance committee
4. Soon the City Attorney will begin drafting the ordinance
5. In 2011 we banned alcohol ads on 6,000 city bus benches

Join Us !



Contact us:

Email: jorgec@alcoholjustice.org

Ph: 213 840-3336

NoAlcoholAds.org

**ALCOHOL
JUSTICE**
The Industry Watchdog

Stakeholder Update

LA REGIONAL REENTRY PARTNERSHIP



SAPC Program Updates

CONTRACT MONITORING SERVICES

DANIEL DENIZ



Contracts: Team Monitoring

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- ▶ In an effort to increase the effectiveness and consistency of visits, SAPC will implement a Team Monitoring approach to program monitoring.



Contracts:

Team Monitoring—Roles

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- ▶ Two CPAs: Conduct administrative and programmatic reviews, group observations, and client interviews.
- ▶ Public Health Investigator: Facility review of corporate office and any other satellite offices.
- ▶ Accountant: Verify billings, may also follow-up on CMD audit and State disallowances, and check financial viability.



Contracts:

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Team Monitoring—Benefits

- ▶ Provide provider with multiple opportunities for technical assistance.
- ▶ Effective, comprehensive, and quick.
 - ▶ The approach will streamline the monitoring process.
- ▶ Provides an atmosphere of team discussion that results in group findings—rather than one individual's findings.
- ▶ Provide an atmosphere of safety for SAPC staff when in the field.
- ▶ Pilot project – Free-standing DMCs only.



Contracts:

Severity Index Tool— Background

- ▶ In response to recent DMC reviews and calls to strengthen the monitoring process, SAPC developed a tool to gauge the level of severity for deficiencies identified during an agency audit/investigation and a process to ensure action.
- ▶ Pilot project: Free-standing DMCs only.



Contracts: Severity Index Tool— Background

Steps:

- 1) Identify most common and most serious deficiencies.
- 2) Assign value to each deficiency and develop a scale that identifies and prompts action.
- 3) Develop tool and field test it.
- 4) Reassess and revise tool as needed and incorporate in the regular MAP tool.



Contracts: Severity Index Tool— Implementation

- ▶ Once audit is done, CPA will use the tool to grade the deficiencies listed. Agency will be given a cumulative score.
 - ▶ 5 Areas: Administrative, Personnel, Client Files, Medical Personnel, Performance
- ▶ Score will prompt one of four actions:
 - ▶ Contract Termination (100+)
 - ▶ Contract Suspension (80 – 99)
 - ▶ Payment suspended (70 – 79)
 - ▶ Corrective Action Plan (CAP) (69 and below)



Contracts: Severity Index Tool

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- ▶ Corrective Action Plan
 - ▶ Provider must address all deficiencies in Corrective Action Plan.
- ▶ Payment Suspension
 - ▶ Provider's payment will be suspended until all deficiencies are resolved and verified.
- ▶ Contract Suspension/Termination
 - ▶ Provider may appeal.



Contracts: Severity Index Tool— Sample Deficiencies

(Not a complete list)

- ▶ No DOJ/FBI Clearances
- ▶ Pre/Post-Dated Documents
 - ▶ Sign-In Sheets, Progress Notes, Waivers, Treatment Plans, etc.
- ▶ Chronic or Repeat Deficiencies
- ▶ Uncertified/Unregistered Counseling staff (or expired)
- ▶ No documentation for billed services
- ▶ No History (Medical, SUD, Family, etc.)
- ▶ No Medical Necessity



SAPC Program Update

REQUEST FOR STATEMENT OF QUALIFICATION OF
(RSFQ) SUBSTANCE ABUSE DISORDER SERVICES,
GRANTS MANAGEMENT AND PLANNING DIVISION
TIM DUEÑAS



RFSQ: Master Agreements

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- ▶ SUD services being solicited:
 - ▶ Outpatient Counseling Services
 - ▶ Day Care Habilitative Services
 - ▶ Outpatient Narcotic Treatment Program Services
 - ▶ Alcohol and Drug Free Living Centers
 - ▶ Residential Treatment Services
 - ▶ Medication Assisted Treatment
 - ▶ Residential Medical Detoxification Services



RFSQ: Master Agreements

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Master Agreements Timetable	
Notify proposers of results	October 2013
Approval of Master Agreements	November 2013
Release Work Order Solicitations	January 2014



RFSQ: Contact Information

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- ▶ Timothy Dueñas
 - ▶ (323) 869-8556 (new)
 - ▶ tduenas@ph.lacounty.gov
- ▶ SAPC Website
 - ▶ <http://www.ph.lacounty.gov/sapc/funding/SUD/SUD.htm>



SAPC Program Update

PREVENTION AND YOUTH TREATMENT SERVICES
USC CROSS-SITE EVALUATION

JENNY ZOGG



Prevention:

USC Year-End Interim Report

- ▶ What were providers' attitudes toward the needs assessment and planning processes?
- ▶ To what extent did these processes help agencies to build capacity?
- ▶ In what ways could the processes be improved?



Strategic Prevention Framework



Prevention: Community Needs Assessment

- ▶ 98% agreed that a community needs assessment is necessary.
- ▶ **Yet** 68% doubted whether it would reflect actual community conditions.
- ▶ 50% learned a lot about their communities.
- ▶ **Yet** less than 35% agreed there was enough time or money to do a good job.
- ▶ 27% were unsure how to collect and report data.



Prevention: Evidence-Based Practices (EBPs)

- ▶ 62% agreed that EBPs could work in their communities.
- ▶ 75% agreed that EBPs can be applied practically in the real world **YET...**
- ▶ The majority (69%) agreed with the statement that developers of EBPs do not always know what it takes to reduce alcohol and drug use in communities AND...
- ▶ Only 25% agreed that EBPs were likely to be better for their communities than the type of prevention they had been doing previously.



Prevention: Program Planning

- ▶ Helped organize/summarize provider needs assessment data.
- ▶ Helped providers to focus their projects.
- ▶ Planning documents served as a step-by-step guide for implementation.
- ▶ **However...**
- ▶ Instructions were difficult.
- ▶ Planning documents were complex and confusing.



Prevention: Conclusions

- ▶ All aspects of the Strategic Prevention Framework are time consuming and complex.
- ▶ Implementation presented considerable challenges.
- ▶ First full application of the SPF in a County as large and diverse as Los Angeles.
- ▶ Initial steps of implementing the SPF increased providers' capacity for conducting needs assessment and planning.



Prevention: Future Directions for USC

- ▶ Quality of program implementation
- ▶ Coalition development
- ▶ Relationship between implementation and short-term outcomes



Prevention: Acknowledgements

- ▶ Luanne Rohrbach, Ph.D., M.P.H.
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-
- ▶ University of Southern California
 - ▶ Department of Preventive Medicine



SAPC Program Update

HEALTH CARE REFORM

WAYNE SUGITA



Health Care Reform: Update

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▶ Key Dates:

- ▶ January 1, 2014: Medi-Cal Expansion begins
- ▶ April 1, 2014: Cal Medi-Connect begins
- ▶ October 1, 2013 to March 31, 2014: Open enrollment period for covered California



Health Care Reform: CAL Mediconnect

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- ▶ Voluntary transition of persons dually eligible for Medicare and Medi-Cal into managed care plans in 8 counties (including Los Angeles).
- ▶ Begins no sooner than April 1, 2014.
- ▶ Behavioral health managed care plans will handle mental health and substance use disorder services:
 - ▶ Beacon Health Strategies for LA Care (and its subcontractors Care First, Care More, Kaiser)
 - ▶ MHN for Health Net



Health Care Reform: CAL Mediconnect

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- ▶ Continued...
- ▶ SUD services covered under Medicare will be administered by Beacon and MHN using their Medicare service network providers.
- ▶ SUD services that are covered under Drug Medi-Cal will be administered by SAPC using its DMC service provider network.



Health Care Reform: Medi-Cal Expansion

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- ▶ Begins on January 1, 2014.
- ▶ New eligible persons include single childless adults with income up to 138 percent of federal poverty level.
- ▶ LHP participants transition to managed Medi-Cal health plans on January 1, 2014.
- ▶ Health plans include SUD services administered by their behavioral health managed care plans.



Health Care Reform: Medi-Cal Expansion

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- ▶ Continued...
- ▶ SAPC will issue instructions and conduct training for DMC providers on the procedures for referral, service provision, and reporting.



Health Care Reform: Medi-Cal Expansion

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- ▶ Continued...
- ▶ DPH is lead applicant for the State Medi-Cal outreach and enrollment grant project in partnership with the Departments of Health Services, Mental Health, and Public Social Services.
- ▶ SAPC proposes to use CASCs to conduct regional outreach, Medi-Cal eligibility screening and application assistance for clients of contracted SUD programs in each SPA.



Health Care Reform: Mental Health and Substance Use Parity Act

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- ▶ Federal government published its final rules on the Parity Act in the Federal Register on November 8, 2013.
- ▶ These final rules apply only to health plans, not Medicare or Medicaid (Medi-Cal).
- ▶ However, Medicare and Medi-Cal adopted the inclusion of all essential health benefits including mental health and SUD services.



Health Care Reform: Mental Health and Substance Use Parity Act

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- ▶ Continued...
- ▶ Medi-Cal adopted a benchmark SUD benefits package using the Kaiser small business plan. This benchmark is required for all plans in covered California.



Health Care Reform: SAPC HCR Implementation Initiative

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- ▶ Webinars:
 - ▶ Medi-Cal Enrollment: December 5
 - ▶ Federal, State and County Update: January 16
 - ▶ Mergers and Acquisitions: Spring 2014
- ▶ CARF Orientation:
 - ▶ October 31 and November 1
 - ▶ Attended by 80 persons representing 30 providers



Health Care Reform: SAPC HCR Implementation Initiative

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- ▶ Continued...
- ▶ ADPI can provide additional training, consultation, or technical assistance services.
- ▶ Please go to the following Web/email links:
 - ▶ http://www.aodsystems.com/ADPI/TCTA_Application.htm
 - ▶ or Victor Kogler, vkogler@aodpolicy.org



Health Care Reform:

SAPC HCR

Implementation Initiative

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- ▶ Continued...
- ▶ Capacity Building Work Group
 - ▶ Last met on November 14 and will continue to meet monthly for at least the next few months.
 - ▶ Discussion issues include assessing adequacy of service network and workforce capacity to meet anticipated increased demand for services in 2014.



Health Care Reform: SAPC HCR Implementation Initiative

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- ▶ Continued...
- ▶ Contract and Finance Work Group
 - ▶ Will next meet on November 21 and continue bimonthly schedule.
 - ▶ Will continue work on new contract language to accommodate HCR implementation and new DMC benefits.
 - ▶ Send feedback, recommendations and questions to: SAPC_Government@ph.lacounty.gov



Questions and Comments

Please fill out index card
and pass to SAPC staff

